

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10600295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25	1					
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39	1					
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	44					
TOTAL CLAIMS	47					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						